**HAND WASHING**

**HW1.** Please show me where members of your household most often wash their hands.

Observed .................................................... 1
Not observed .................................................. 2
Not in apartment/house / on estate ................. 2
No permission to observe place .................. 3
Other reason .................................................. 6

2 ⇒ HW4
3 ⇒ HW4
6 ⇒ HW4

**HW2.** Observe the presence of water at the specific place for washing hands.

Verify by checking the tap/pump or sink, bucket, water container, etc., for presence of water.

Water is available ................................................ 1
Water is not available .......................................... 2

**HW3.** Record if soap or detergent is present at the specific place for washing hands.

Bar of soap ...................................................... A
Detergent (Powder / Liquid / Paste) ................. B
Liquid soap ....................................................... C
Ash / Sand ......................................................... D
None ................................................................. Y

A⇒HH19
B⇒HH19
C⇒HH19
D⇒HH19

**HW4.** Do you have any soap, detergent or any other cleaning agent in your household used for washing hands?

Yes ........................................................................ 1
No ........................................................................ 2

2 ⇒ HH19

**HW5.** Can you please show it to me?

Record the observation. Circle all that apply.

Bar of soap ...................................................... A
Detergent (Powder / Liquid / Paste) ................. B
Liquid soap ....................................................... C
Ash / Sand ......................................................... D
Not able to / Does not want to show ................ Y

A ⇒ HH19
B ⇒ HH19
C ⇒ HH19
D ⇒ HH19

**HH19.** Record the interview end time.

Hour and minutes .............................................. __ __ : __ __

**HH20.** Thank the respondent for his/her cooperation and check the Household Member Listing Form:

☐ A separate Questionnaire for Individual Women has been issued for each woman aged 15-49 years in the household list (HL7).
☐ A separate Questionnaire for Children Under Five has been issued for each child under the age of 5 in the household list (HL7A).

Return to the cover page and make sure that all information has been entered, including the number of eligible women (HH12), children under 3 years of age (HH14) and eligible men (HH13A).

Organise the administration of the remaining questionnaire(s) in this household.

---

**WOMAN'S INFORMATION PANEL**

**WM1.** Cluster number: ___ ___ ___

**WM2.** Household number: ___ ___ ___

**WM3.** Woman's name: ________________________________

**WM4.** Woman's line number: __________________________

**WM5.** Interviewer name and code: ____________________

**WM6.** Day / Month / Year of interview: ____ / ____ / ________

Repeat greeting if not already read to this woman:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

**WOMEN'S INFORMATION PANEL**

**WM1.** Cluster number: ___ ___ ___

**WM2.** Household number: ___ ___ ___

**WM3.** Woman's name: ________________________________

**WM4.** Woman's line number: __________________________

**WM5.** Interviewer name and code: ____________________

**WM6.** Day / Month / Year of interview: ____ / ____ / ________

Repeat greeting if not already read to this woman:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

**WOMEN'S INFORMATION PANEL**

**WM1.** Cluster number: ___ ___ ___

**WM2.** Household number: ___ ___ ___

**WM3.** Woman's name: ________________________________

**WM4.** Woman's line number: __________________________

**WM5.** Interviewer name and code: ____________________

**WM6.** Day / Month / Year of interview: ____ / ____ / ________

Repeat greeting if not already read to this woman:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

**WOMEN'S INFORMATION PANEL**

**WM1.** Cluster number: ___ ___ ___

**WM2.** Household number: ___ ___ ___

**WM3.** Woman's name: ________________________________

**WM4.** Woman's line number: __________________________

**WM5.** Interviewer name and code: ____________________

**WM6.** Day / Month / Year of interview: ____ / ____ / ________

Repeat greeting if not already read to this woman:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

**WOMEN'S INFORMATION PANEL**

**WM1.** Cluster number: ___ ___ ___

**WM2.** Household number: ___ ___ ___

**WM3.** Woman's name: ________________________________

**WM4.** Woman's line number: __________________________

**WM5.** Interviewer name and code: ____________________

**WM6.** Day / Month / Year of interview: ____ / ____ / ________

Repeat greeting if not already read to this woman:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

---

**Interviewer’s Observations**

**Field Editor’s Observations**

**Supervisor’s Observations**
**WOMAN'S BACKGROUND**

**WB1. In what month and year were you born?**
- Date of birth
  - Month: ____________________________ ___
  - Year: ____________________________ 98

**WB2. How old are you?**
- Age (in completed years): ____________ ___
  - Probe: How old were you on your last birthday?
  - Compare WB1 and/or WB2 and correct if inconsistent

**WB3. Have you ever attended school or a preschool institution?**
- Yes: ____________ 1
- No: ____________ 2

**WB4. What is the highest education level you attended?**
- Preschool: ____________ 0
- Primary: ____________ 1
- Secondary: ____________ 2
- Higher: ____________ 3

**WB5. What is the highest grade/year you completed at that level?**
- Grade/year: ____________________________ ___

**WB6. Check WB4:**
- Secondary or higher: ____________ 12
  - Primary: ____________ 10
    - Continue with WB7

**WB7. Now I would like you to read this sentence to me:**
- Cannot read at all: ____________ 1
- Able to read only parts of the sentence: ____________ 2
- Able to read the whole sentence: ____________ 3
- The sentence isn't written in a language understood by the respondent: ____________ 4
  - (specify language)
- Blind / mute, visually / speech impaired: ____________ 5

**ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY**

**MT1.**
- Check WB7:
  - Question left blank (Respondent has secondary or more education): ____________ Go to MT3
  - Able to read or no sentence available in required language (codes 2, 3 or 4): ____________ Go to MT2
  - Cannot read at all or blind/mute, etc. (codes 1 or 5): ____________ Go to MT2

**MT2. How often do you read a newspaper or magazine?**
- Almost every day: ____________ 1
- At least once a week, less than once a week or not at all: ____________ 2
- Less than once a week: ____________ 3
- Not at all: ____________ 4

**MT3. Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?**
- Almost every day: ____________ 1
- At least once a week: ____________ 2
- Less than once a week: ____________ 3
- Not at all: ____________ 4

**MT4. How often do you watch television?**
- Almost every day: ____________ 1
- At least once a week: ____________ 2
- Less than once a week: ____________ 3
- Not at all: ____________ 4

**MT5. Check WB8: Is the respondent aged 15-24 years?**
- Yes, age 15-24: ____________ 12
  - Continue with MT6
- No, age 25-49: ____________ Go to Next Module

**MT6. Have you ever used a computer?**
- Yes: ____________ 1
- No: ____________ 2

**MT7. In the last 12 months, have you used a computer from any location?**
- Yes: ____________ 1
- No: ____________ 2

**MT8. During the last month, how often did you use a computer almost every day, at least once a week, less than once a week or not at all?**
- Almost every day: ____________ 1
- At least once a week: ____________ 2
- Less than once a week: ____________ 3
- Not at all: ____________ 4

**MT9. Have you ever used the Internet?**
- Yes: ____________ 1
- No: ____________ 2

**MT10. In the last 12 months, have you used the Internet?**
- Yes: ____________ 1
- No: ____________ 2

**MT11. During the last month, how often did you use the Internet almost every day, at least once a week, less than once a week or not at all?**
- Almost every day: ____________ 1
- At least once a week: ____________ 2
- Less than once a week: ____________ 3
- Not at all: ____________ 4
**CHILD MORTALITY**

This module has to be administered to all women aged 15-49. Questions CM0-CM12 refer only to live births.

**CM0.** Check cluster number in WML.
- If the cluster number is from 001-474 (Mainstream survey) → Continue with CM0A.
- If the cluster number is from 501-562 (Roma survey) → Go to CM0B.

**CM0A.** Now I would like to ask about all the births you have had during your lifetime. How many live-born children have you had in your lifetime?
- Probe to determine whether respondent is referring to live-born children.
- By live-born children, I mean a child who was ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours.
- If “None”, circle ‘00’.

**CM0B.** What is the date of your last birth (even if the baby died)?
- Month and year must be recorded.

**CM1.** Now I would like to ask about all the births you have had during your lifetime. Have you ever given birth to any sons or daughters to whom you have given birth who are now living with you?
- Check total number of early terminations (abortions) in CM12D and if total is:
  - 1 → Yes
  - 2 or more → No
- Number of live-born children...
  - 0 → Yes
  - 1 or more → No

**CM2.** What was the date of your first birth?
- Month and year must be recorded.

**CM3.** How many years ago did you have your first birth?
- Completed years since first birth...

**CM4.** Do you have any sons or daughters to whom you have given birth who are now living with you?
- Sons living at home...
  - 0 → Yes
  - 1 or more → No
- Daughters living at home...
  - 0 → Yes
  - 1 or more → No

**CM5.** How many sons live with you?
- Number of sons living at home...

**CM6.** Do you have any sons or daughters to whom you have given birth who are now living with you?
- Sons living elsewhere...
  - 0 → Yes
  - 1 or more → No
- Daughters living elsewhere...
  - 0 → Yes
  - 1 or more → No

**CM7.** How many sons are alive but do not live with you?
- Number of sons living elsewhere...

**CM8.** How many sons have you ever given birth to who have died?
- Sons dead...
  - 0 → Yes
  - 1 or more → No

**CM9.** How many sons have you ever given birth to who have died?
- Number of sons...

**CM10.** Sum answers in CM5, CM7 and CM9
- Sum...

**CM11.** Just to make sure that I have noted this correctly, you have had in total (total number in CM10) live births during your lifetime. Is this correct?
- Yes ○ No •
  - Check and mark below:
    - No live births (i.e. the sum in CM10 equals 0) → Continue with CM12A
    - One or more live births → Continue with CM12
  - Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12

**CM12.** Of these (total number in CM10) births you have had, when did you deliver the last one (even if he or she has died)?
- Month and year must be recorded.

**CM12A.** Sometimes women have pregnancies that might not end with a live birth. Have you ever had any pregnancy that was miscarried, ended in a stillbirth, or was terminated early (aborted)?
- Yes → Number of miscarriages...
  - 0 → None
  - 1 or more → None
- No → Go to CM12J

**CM12B.** How many miscarriages have you had during your lifetime?
- Number of miscarriages...

**CM12C.** In how many cases have your pregnancies ended with a stillbirth?
- Number of stillbirths...

**CM12D.** And how many early terminations of pregnancy (abortions) have you had during your lifetime?
- Number of early terminations of pregnancy (abortions)...

**CM12E.** When did your (last) early termination of pregnancy (abortion) take place?
- Month and year must be recorded.

**CM12F.** Check in CM12E when the last abortion took place and if:
- There are no abortions during the last 2 years → Go to CM12J
- The last abortion took place during the last 2 years, that is, since (the month of interviewing) in 2009 → Continue with CM12G

**CM12G.** If the respondent has mentioned more than one early termination (abortion), i.e. CM12D is higher than 1, then ask her for the exact month and year of each mentioned early termination (abortion) that took place during the last 2 years, i.e. since (the month of interviewing) in 2009. Write down month and year for each early termination (abortion) in CM12H, starting from the first, and for each recorded early termination (abortion) ask the respondent to tell you how many weeks/months/since she was pregnant when she had the early termination (abortion) and record this appropriately.

**CM13.** Check CM0 or CM12: Last birth occurred within the last 2 years, i.e. since (day and month of interview) in 2009
- No, there were no live births in the last 2 years or no live birth at all → Go to ILLNESS SYMPTOM Module.
- Yes, one or more live births in the last 2 years → Ask for the name of the last-born child.
- Name of last-born child
  - If the child has died, take special care when referring to this child by name in the following modules.
  - Continue with the next module.
DESIRE FOR LAST BIRTH  DB

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.
Check CM13 in the child mortality module CM and record the name of the last-born child here _________.
Use this child’s name in the following questions, where indicated.

DB1. WHEN YOU GET PREGNANT WITH (NAME), DID YOU WANT TO GET PREGNANT AT THAT TIME?  1=Next Module
Yes........................................................................1
No ........................................................................... 2

DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?  2=Next Module
Later ………………………………………………………………1
Did not want more children ………………………………….. 2

DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?  
Months ……………………………………………………………1
Years …………………………………………………………….. 2
DK……………………………………………………………….. 998

MATERNAL AND NEWBORN HEALTH  MN

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.
Check CM13 in the child mortality module CM and record the name of the last-born child here _________.
Use this child’s name in the following questions, where indicated.

MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY with (NAME)?  2= MN17
Yes........................................................................1
No ........................................................................... 2

MN2. WHAT DID YOU SEE?  2= MN17
Probe:  
Anyone else?

MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?  98
Number of times ………………………………………………
DK………………………………………………………………

MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WAS ANY OF THE FOLLOWING DONE AT LEAST ONCE:  
[A] WAS YOUR BLOOD PRESSURE MEASURED?  1=2
[B] DID YOU GIVE A URINE SAMPLE?  1=2
[C] DID YOU GET A BLOOD SAMPLE?  1=2

MN17. WHO ASSISTED WITH THE DELIVERY OF (NAME)?  2= Next Module
Probe:  
Anyone else?

Probe for the type of person assisting and circle all answers given.

MN18. WHERE DID YOU GIVE BIRTH to (NAME)?  11= MN20
Probe to identify the type of source.  

If unable to determine whether public or private, write the name of the place, institution, organisation, etc.

Private medical facility (specify)………………………………………..36
Other private medical facility (specify)………………………………………..36
Other public facility (specify)…………………………………………….26
Private maternity home…………………………………………………33
Private clinic……………………………………………………………..32
Health centre……………………………………………………………22
Hospital………………………………………………………………..21
Public sector………………………………………………………………
Other home………………………………………………………………
Your home………………………………………………………………

MN19. WAS (NAME) DELIVERED BY CAESAREAN SECTIO?  That is, did they cut your belly open to take the baby out?  
Yes........................................................................1
No ........................................................................... 2

MN20. WHEN (NAME) WAS BORN, WAS HIS/HER VAGINA LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE OR VERY SMALL?  
Very large…………………………………………………………..1
Larger than average………………………………………………2
Average……………………………………………………………..3
Smaller than average…………………………………………….4
Very small…………………………………………………………..5
DK…………………………………………………………………..8

MN21. WAS (NAME) WEIGHTED AT BIRTH?  
Yes........................................................................1
No ........................................................................... 2

MN22. HOW MUCH DID (NAME) WEIGHT?  8= MN23
Record weight from health card, if available.
From recall………………………………………………………………..
From card………………………………………………………………..

MN23. HAS YOUR MENSTRUAL PERIOD RETURNED Sinds the birth of (NAME)?  
Yes........................................................................1
No ........................................................................... 2

MN24. DO YOU EVER BREASTFEED (NAME)?  
Yes........................................................................1
No ........................................................................... 2

MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (NAME) TO THE BREAST?  
Immediately………………………………………………………..1
If less than 1 hour, record ‘00 hours’.…………………………….2
If less than 24 hours, record hours.………………………………3
Otherwise, record days…………………………………………….4

MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (NAME) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?  
Yes........................................................................1
No ........................................................................... 2

MN27. WHAT WAS (NAME) GIVEN TO DRINK?  
Probe:  
Anything else?

Milk (other than breast milk)………………………………………..A
Plain water…………………………………………………………..B
Sugar or glucose water…………………………………………….C
Homemade anti-colic (cramp) solution…………………………..D
Sugar and salt water solution………………………………………E
Fruit juice…………………………………………………………….F
Infant formula………………………………………………………G
Tea / Herbal infusion………………………………………………H
Honey………………………………………………………………..I
Other (specify)……………………………………………………X
ILLNESS SYMPTOMS

Is the respondent the mother or caretaker of any child under the age of 5? (Circle all symptoms mentioned, but do not prompt with any caretaker symptom(s).)

Child not able to drink or breastfeed
Child becomes sick
Child develops a fever
Child has fast breathing
Child has difficulties breathing
Child has blood in his/her stool
Child is drinking poorly
Other (specify) X
Other (specify) Y
Other (specify) Z

152. Sometimes children have severe illnesses and should be taken immediately to a health facility.

What types of symptoms would cause you to take your child to a health facility right away?

Probe: Are there other symptoms? Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

Circle all symptoms mentioned, but do NOT prompt with any suggestions.

CONTRACEPTION

CP0. I would like to talk with you about another subject—family planning. Couples use different ways or methods in order to postpone or avoid pregnancy.

Have you heard of:

[A] Female sterilization? Yes………………………………………………………………………………… 1

[B] Male sterilization? No……………………………………………………………………………………… 2

[C] IUD? Yes…………………………………………………………………………………………………… 1

[D] Insecticides? No…………………………………………………………………………………………… 2

[E] Implants? Yes……………………………………………………………………………………………… 1

[F] Pill? No……………………………………………………………………………………………………… 2

[G] Male condom? Yes………………………………………………………………………………………… 1

[H] Female condom? No……………………………………………………………………………………… 2

[I] Diaphragm? Yes…………………………………………………………………………………………… 1

[J] Foam / jelly? No…………………………………………………………………………………………….. 2

[K] Lactovac, amenorrhoea method (LAM)? Yes……………………………………………………………… 1

[L] Periodic abstinence / rhythm method? No………………………………………………………………… 2

[M] Withdrawals? Yes………………………………………………………………………………………… 1

[N] Emergency / postcoital contraception? No………………………………………………………………… 2

[X] Have you heard of any other ways or methods that men or women can utilize to avoid pregnancy? Yes………………………………………………………………………………………………… 1

(specify)

(specify)

No……………………………………………………………………………………………………………… 2

CP1. Are you pregnant now? Yes, currently pregnant………………………………………………………… 1

No…………………………………………………………………………………………………………………… 2

Unsure or DK……………………………………………………………………………………………………… 8

Go to Next Module
**CP2.** As we mentioned earlier, couples use various ways or methods to delay or avoid a pregnancy. Are you currently doing something or using any method to delay or avoid a pregnancy?

If more than one method is mentioned, circle each one.

<table>
<thead>
<tr>
<th>Method</th>
<th>Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female sterilisation</td>
<td>A</td>
</tr>
<tr>
<td>Male sterilisation</td>
<td>B</td>
</tr>
<tr>
<td>IUD</td>
<td>C</td>
</tr>
<tr>
<td>Injectables</td>
<td>D</td>
</tr>
<tr>
<td>Implants</td>
<td>E</td>
</tr>
<tr>
<td>Pill</td>
<td>F</td>
</tr>
<tr>
<td>Male condom</td>
<td>G</td>
</tr>
<tr>
<td>Female condom</td>
<td>H</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>I</td>
</tr>
<tr>
<td>Lactational amenorrhoea method (LAM)</td>
<td>J</td>
</tr>
<tr>
<td>Periodic abstinence / Rhythm</td>
<td>K</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>L</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>M</td>
</tr>
</tbody>
</table>

---

**CP3.** What are you doing to delay or avoid a pregnancy?

Do not prompt. If more than one method is mentioned, circle each one.

<table>
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<td>Other (specify)</td>
<td>M</td>
</tr>
</tbody>
</table>

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**UNMET NEED**

**UN1.** Check CP1. Is the respondent currently pregnant?
- Yes, currently pregnant [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- No [ ] Continue with UN13

**UN2.** Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?
- Yes [ ] Yes [ ] No, unsure or DK [ ] Go to UN9
- No [ ] Continue with UN10

**UN3.** Do you want to have a baby later on or do you not want any (more) children?
- Yes, currently pregnant [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Later [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- No more children [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- If you want to have a baby later on or do you not want any (more) children?
- No more children [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Any (more) children? [ ] Yes [ ] No, unsure or DK [ ] Go to UN13

**UN4.** Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child or would you prefer not to have any more children?
- Have another child [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- No more children [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Any children? [ ] Yes [ ] No, unsure or DK [ ] Go to UN13

**UN5.** Check CP3. Is the respondent currently using “Female sterilisation”?
- Yes [ ] Yes [ ] No, unsure or DK [ ] Go to UN8
- No [ ] Continue with UN18

**UN6.** Now I would like to ask you some questions about the future. Would you like to have (another) a child, or would you prefer not to have any (more) children?
- Have (another) a child [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- No more / None [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Any children? [ ] Yes [ ] No, unsure or DK [ ] Go to UN13

**UN7.** How long would you like to wait before the birth of (another) a child?
- Months [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Years [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Soon / Now [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- After marriage [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Other [ ] Yes [ ] No, unsure or DK [ ] Go to UN13

**UN8.** Check CP1. Is the respondent currently pregnant?
- Yes, currently pregnant [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- No [ ] Continue with UN10

**UN9.** Check CP2. Is the respondent currently using a contraceptive method?
- Yes [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- No [ ] Continue with UN10

---

**UN10.** Do you think you are physically able to get pregnant at this time?
- Yes [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- No [ ] Continue with UN13

**UN11.** Why do you think you are not physically able to get pregnant?
- Infrequent or no sex [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Menopausal [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Never menstruated [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Hysterectomy (surgical removal of uterus) [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Has been trying to get pregnant for 2 years or more without result [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Postpartum amenorrhoea [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Still breastfeeding [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Too old [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Fasting [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Other (specify) [ ] Yes [ ] No, unsure or DK [ ] Go to UN13

**UN12.** Check UN11. “Never menstruated” mentioned?
- Mentioned [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Not mentioned [ ] Yes [ ] No, unsure or DK [ ] Go to UN13

**UN13.** When did your last menstrual period start?
- Days ago [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Weeks ago [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Months ago [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Years ago [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- In menopause / Has had a hysterectomy [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Before last birth [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
- Never menstruated [ ] Yes [ ] No, unsure or DK [ ] Go to UN13
ATTITUDES TOWARD DOMESTIC VIOLENCE

DV1. Sometimes a husband becomes angry or gets angry at things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) If she goes out without telling him?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(B) If she neglects the children?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(C) If she argues with him?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(D) If she refuses to have sex with him?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>(E) If she burns the food?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

MARRIAGE/UNION

MA1. Are you currently married or living together with a man as if married?

Yes, currently married: 1
Yes, living with a man: 2
No, not married: 3

MA2. How old is your husband/partner?

Age in years: ____________

MA2A. Check cluster number in WM1. If cluster number is from 601-747 (Mainstream survey), go to MA7.

Go to MA7

MA3. Besides yourself, does your husband/partner have any other wives or partners or does he live with other women as if married?

Yes: 1
No: 2

MA4. How many other wives or partners does he have?

Number: ____________

MA5. Have you ever been married or lived together with a man as if married?

Yes, formerly married: 1
Yes, formerly lived with a man: 2
No: 3

MA6. What is your marital status now? Are you widowed, divorced or separated?

Widowed: 1
Divorced: 2
Separated: 3

MA7. Have you been married or lived with a man only once or more than once?

Only once: 1
More than once: 2

MA8. In what month and year did you first marry or start living with a man as if married?

Date of first marriage: Month: ____________, Year: ____________

MA9. How old were you when you started living with your first husband/partner?

Age in years: ____________

SEXUAL BEHAVIOUR

SB1. Now I would like to ask you some questions about sexual activity in order to get a better understanding of some important life issues. The information you provide will remain strictly confidential. How old were you when you had sexual intercourse for the very first time?

Never had intercourse: 00
Age in years: ____________

SB2. The first time you had sexual intercourse, was it a committed relationship?

Yes: 1
No: 2
DK: Don’t remember: 8

SB3. When was the last time you had sexual intercourse? Record ‘years ago’ only if last intercourse was one or more years ago.

Days ago: ___ __ __ __
Weeks ago: ___ __ __
Months ago: ___ __
Years ago: ___ __ __ __

SB4. The last time you had sexual intercourse, was it a committed relationship?

Yes: 1
No: 2

SB5. What was your relationship to the person you last had sexual intercourse with?

Husband: 1
Boyfriend: 2
Cohabiting partner: 3
Casual acquaintance: 4
Other (specify): 6

SB6. Check MA1. If currently married or living with a man as if married (MA1 = 1 or 2), go to SB8.

SB7. How old is this person?

Age of sexual partner: ____________

SB8. Have you had sexual intercourse with any other person in the last 12 months?

Yes: 1
No: 2

SB9. The last time you had sexual intercourse with this woman, man or other person, was it a committed relationship?

Yes: 1
No: 2

SB10. What was your relationship to this person?

Husband: 1
Boyfriend: 2
Cohabiting partner: 3
Casual acquaintance: 4
Other (specify): 6

SB11. Check MA1 and MA7. If currently married or living with a man (MA1 = 1 or 2) AND married only once or lived with a man only once (MA7 = 1), go to SB13.

SB12. How old is this person?

Age of sexual partner: ____________

SB13. In the last 12 months, have you had sexual intercourse with any other person, other than these two persons?

Yes: 1
No: 2

SB14. In total, with how many different people have you had sexual intercourse in the last 12 months?

Number of partners: ____________

SB15. In total, with how many different people have you had sexual intercourse in your lifetime?

Number of lifetime partners: ____________

DK: Don’t know: 98
HIV/AIDS

HA1. Now I would like to talk with you about something else.

Have you ever heard of the HIV virus or an illness called AIDS (or SIDA)?

Yes .................................................. 1
No .................................................. 2

2 = Next Module

HA2. Can people reduce their chance of getting the virus that causes AIDS by having just one uninfected sex partner who has no other sex partners?

Yes .................................................. 1
No .................................................. 2
DK .................................................. 8

HA3. Can people get the virus that causes AIDS because of witchcraft or other supernatural means?

Yes .................................................. 1
No .................................................. 2
DK .................................................. 8

HA4. Can people reduce their chance of getting the virus that causes AIDS by using a condom every time they have sex?

Yes .................................................. 1
No .................................................. 2
DK .................................................. 8

HA5. Can people get the virus that causes AIDS from mosquito bites?

Yes .................................................. 1
No .................................................. 2
DK .................................................. 8

HA6. Can people get the virus that causes AIDS by sharing food with a person who has AIDS?

Yes .................................................. 1
No .................................................. 2
DK .................................................. 8

HA7. Is it possible for a healthy-looking person to have the virus that causes AIDS?

Yes .................................................. 1
No .................................................. 2
DK .................................................. 8

HA8. Can the virus that causes AIDS be transmitted from a mother to her baby?

[A] During pregnancy?
[B] During delivery?
[C] By breastfeeding?

Yes .................................................. 1
No .................................................. 2
DK / Not sure / Depends ....................... 8

HA9. In your opinion, if a female teacher has the virus that causes AIDS but is not sick, should she be allowed to continue teaching in school?

Yes .................................................. 1
No .................................................. 2
DK / Not sure / Depends ....................... 8

HA10. Would you buy fresh vegetables from a shopkeeper or salesperson if you knew that this person had the virus that causes AIDS?

Yes .................................................. 1
No .................................................. 2
DK / Not sure / Depends ....................... 8

HA11. If a member of your family gets infected with the virus that causes AIDS, would you want it to remain a secret?

Yes .................................................. 1
No .................................................. 2
DK / Not sure / Depends ....................... 8

HA12. If a member of your family became sick with AIDS, would you be willing to care for him or her in your own household?

Yes .................................................. 1
No .................................................. 2
DK / Not sure / Depends ....................... 8

HA13. Check CM13: Did the respondent have any live births in last 2 years?

☐ No live birth in last 2 years  Go to HA24
☐ One or more live births in last 2 years  Continue with HA14

HA14. Check MN1: Did the respondent receive antenatal care?

☐ Yes, received antenatal care  Continue with HA15
☐ No, did not receive antenatal care  Go to HA24

HA15. Did any of the visits as part of antenatal care for your pregnancy with (name), were you given any information about:

[A] Ways to prevent contracting the virus that causes AIDS from your mother?
[B] Things that you can do to prevent getting the virus that causes AIDS?
[C] Getting tested for the virus that causes AIDS?
[D] Offered a test for the virus that causes AIDS?

Contracting virus that causes AIDS from the mother .................................................. 1
What things can be done .................................................. 1
Tested for virus that causes AIDS .................................................. 1
Offered a test .................................................. 1

Y N DK
Tobacco and Alcohol Use

TA1. Have you ever tried smoking cigarettes, even taking one or two puffs?
  Yes................................................. 1
  No................................................ 2
  □ Yes ............................................... 2

TA2. How old were you when you smoked an entire cigarette for the first time?
  Never smoked a whole cigarette.............................................. 0
  Age..............................................................................
  □ Never smoked......................................................... 0

TA3. Do you currently smoke cigarettes?
  Yes................................................. 1
  No................................................ 2
  □ Yes ............................................... 2

TA4. How many cigarettes did you smoke in the last 24 hours?
  Number of cigarettes................................................................
  □ No smoking......................................................... X

TA5. On how many days did you smoke cigarettes during the last month?
  Number of days.............................................
  0  10 days or more but less than a month, circle ‘10’.
  10 days or more but less than a month, circle ‘10’.
  Every day / Almost every day........................................10
  □ Yes ............................................... 10

TA6. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars (i.e. Cigars), a pipe or waterpipe (narghile)/ hookah?
  Yes................................................. 1
  No................................................ 2
  □ Yes ............................................... 2

TA7. During the last month, did you use any smoked tobacco products?
  Yes................................................. 1
  No................................................ 2
  □ Yes ............................................... 2

TA8. What type of smoked tobacco product did you use or smoke during the last month?
  Circle all mentioned responses.
  Cigar........................................................................A
  Water pipe................................................................. B
  Cigarette...................................................................... C
  Pipe............................................................................. D
  Other (specify):............................................................ X

TA9. On how many days did you smoke tobacco products during the last month?
  Number of days.............................................
  0  10 days or more but less than a month, circle ‘10’.
  Every day / Almost every day........................................10
  □ Yes ............................................... 10

TA10. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, tobacco for snuffing (snuff) or dipping tobacco?
  Yes................................................. 1
  No................................................ 2
  □ Yes ............................................... 2

TA11. Do you use any smokeless tobacco products during the last month?
  Yes................................................. 1
  No................................................ 2
  □ Yes ............................................... 2

TA12. What type of smokeless tobacco product did you use during the last month?
  Circle all mentioned.
  Chewing tobacco................................................................A
  Snuff............................................................................ B
  Dip ................................................................................ C
  Other (specify):............................................................ X

TA13. On how many days did you use smokeless tobacco products during the last month?
  Number of days............................................
  0  10 days or more but less than a month, circle ‘10’.
  Every day / Almost every day........................................10
  □ Yes ............................................... 10

TA14. New! Would you like to ask you some questions about drinking alcohol. Have you ever drank alcohol?
  Yes................................................. 1
  No................................................ 2
  □ Yes ............................................... 2

TA15. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of strong drink. How old were you when you had your first drink of alcohol, other than a few sips?
  Never had one drink of alcohol.............................................. 0
  Age..............................................................................
  □ Never had one drink............................................. 0

TA16. During the last month, on how many days did you have at least one drink of alcohol?
  □ No alcohol..............................................
  0  10 days or more but less than a month, circle ‘10’.
  All days / Almost every day........................................10
  □ Yes ............................................... 10

TA17. In the last month, on those days that you drank alcohol, what is the number of drinks you usually had?
  Number of drinks.............................................
  □ No alcohol..............................................

Life Satisfaction

LS1. Check WB2: Is the respondent aged between 15 and 24?
  □ Age 25-49 Go to Next Module
  □ Age 15-24 Continue with LS2

LS2. I would like to ask you some simple questions on happiness and satisfaction.
  □ First, taking all things together, would you say you are very happy, happy, neither happy nor unhappy, unhappy or very unhappy?
  Very happy......................................................... 1
  Happy......................................................................... 2
  Neither happy nor unhappy......................................... 3
  Unhappy...................................................................... 4
  Very unhappy.......................................................... 5

LS3. Now I will ask you questions about your level of satisfaction in different areas of your life.
  □ In each case, we have five possible responses: Please tell me, for each question, whether you are very satisfied, satisfied, neither satisfied nor unsatisfied, unsatisfied or on very unsatisfied.
  Very satisfied......................................................... 1
  Satisfied................................................................. 2
  Neither satisfied nor unsatisfied.................................... 3
  Unsatisfied............................................................. 4
  Very unsatisfied...................................................... 5

LS4. How satisfied are you with your family life?
  □ Very satisfied......................................................... 1
  Satisfied................................................................. 2
  Neither satisfied nor unsatisfied.................................... 3
  Unsatisfied............................................................. 4
  Very unsatisfied...................................................... 5

LS5. During the current (2011-2012) school/academic year, did you attend school/university at any time?
  Yes................................................. 1
  No................................................ 2
  □ Yes ............................................... 2

LS6. How satisfied are you with your school/university?
  □ Very satisfied......................................................... 1
  Satisfied................................................................. 2
  Neither satisfied nor unsatisfied.................................... 3
  Unsatisfied............................................................. 4
  Very unsatisfied...................................................... 5

LS7. How satisfied are you with your current job?
  □ Does not have a job.................................................. 0
  Very satisfied......................................................... 1
  Satisfied................................................................. 2
  Neither satisfied nor unsatisfied.................................... 3
  Unsatisfied............................................................. 4
  Very unsatisfied...................................................... 5

LS8. How satisfied are you with your health?
  □ Very satisfied......................................................... 1
  Satisfied................................................................. 2
  Neither satisfied nor unsatisfied.................................... 3
  Unsatisfied............................................................. 4
  Very unsatisfied...................................................... 5

LS9. How satisfied are you with where you live?
  □ Very satisfied......................................................... 1
  Satisfied................................................................. 2
  Neither satisfied nor unsatisfied.................................... 3
  Unsatisfied............................................................. 4
  Very unsatisfied...................................................... 5

If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.
**LS10. How satisfied are you with how people around you generally treat you?**

- Very satisfied ........................................... 1
- Satisfied .................................................. 2
- Neither satisfied nor unsatisfied .................. 3
- Unsatisfied ................................................ 4
- Very unsatisfied ....................................... 5

**LS11. How satisfied are you with the way you look?**

- Very satisfied ........................................... 1
- Satisfied .................................................. 2
- Neither satisfied nor unsatisfied .................. 3
- Unsatisfied ................................................ 4
- Very unsatisfied ....................................... 5

**LS12. How satisfied are you with your life, overall?**

- Very satisfied ........................................... 1
- Satisfied .................................................. 2
- Neither satisfied nor unsatisfied .................. 3
- Unsatisfied ................................................ 4
- Very unsatisfied ....................................... 5

**LS13. How satisfied are you with your current income?**

If the respondent responds that he/she does not have any income, circle 'V' and continue with the next question. Do not ask additional questions to find out how she feels about not having any income, unless she tells you herself.

- Does not have any income ......................... 0
- Very satisfied ........................................... 1
- Satisfied .................................................. 2
- Neither satisfied nor unsatisfied .................. 3
- Unsatisfied ................................................ 4
- Very unsatisfied ....................................... 5

**LS14. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?**

- Improved ............................................... 1
- More or less the same ............................... 2
- Worsened .............................................. 3

**LS15. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?**

- Better .................................................... 1
- More or less the same ............................... 2
- Worse ..................................................... 3

**HE0. Check cluster number in WM1.**

☐ If the cluster number is from 001-474 (Mainstream survey) go to WM11.
☐ If the cluster number is from 501-562 (Roma survey) continue with HE1.

**HE1. Do you have a health booklet?**

- Yes ...................................................... 1
- No ......................................................... 2

**HE2. Do you have health insurance?**

- Yes ...................................................... 1
- No ......................................................... 2

**HE3. Do you use health care services at the health centre?**

- Yes ...................................................... 1
- No ......................................................... 2

**HE4. Are you provided with health care services at the nearest health centre of charge?**

- Yes ...................................................... 1
- No ......................................................... 2

**HE5. Do you use health care services at the hospital?**

- Yes ...................................................... 1
- No ......................................................... 2

**HE6. Are you provided with health care services at the nearest hospital free of charge?**

- Yes ...................................................... 1
- No ......................................................... 2

**HE7. Do you use emergency health care services?**

- Yes ...................................................... 1
- No ......................................................... 2

**HE8. Are you provided with emergency health care services free of charge?**

- Yes ...................................................... 1
- No ......................................................... 2

**HE9. Do you pay all necessary health care services and medications?**

- Yes ...................................................... 1
- Sometimes yes, sometimes no ................... 2
- No ......................................................... 3

**HE10. Do you pay only when/urgently needed health care services and medications?**

- Yes ...................................................... 1
- No ......................................................... 2

**HE11. Can you afford medications without one-off financial assistance?**

- Yes ...................................................... 1
- No ......................................................... 2

**WM11. Record the interview end time.**

Hour and minutes ....................................... : __ __

**WM12. Check the Household Member Listing Form, column H.9 in the Household Questionnaire.**

Is the respondent the mother or caretaker of any child aged 0-4 living in this household?

☐ Yes ☐ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with the same respondent.
☐ No ☐ End the interview with this respondent by thanking her for her cooperation.

Check for the presence of any other eligible women, men or children under 5 in the household.

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**Interviewer’s Observations**

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**Field Editor’s Observations**

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**Supervisor’s Observations**

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Showcards were used to help respondents answer questions for the ‘Life Satisfaction’ module (LS) and the ‘Life Satisfaction’ module (MLS) contained in the Questionnaire for Women Aged 15-49 and the Questionnaire for Men Aged 15-49, respectively.

**SIDE 1: SHOWCARD LS 1 / MLS 1**

<table>
<thead>
<tr>
<th>Very happy</th>
<th>Happy</th>
<th>Neither happy, nor unhappy</th>
<th>Unhappy</th>
<th>Very unhappy</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Smiley Face]</td>
<td>![Smiley Face]</td>
<td>![Neutral Face]</td>
<td>![Sad Face]</td>
<td>![Very Sad Face]</td>
</tr>
</tbody>
</table>

**SIDE 2: SHOWCARD LS 2 / MLS 2**

<table>
<thead>
<tr>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Neither satisfied, nor unsatisfied</th>
<th>Unsatisfied</th>
<th>Very unsatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Smiley Face]</td>
<td>![Smiley Face]</td>
<td>![Neutral Face]</td>
<td>![Sad Face]</td>
<td>![Very Sad Face]</td>
</tr>
</tbody>
</table>

We are from the Ministry of Health and Social Welfare of the Republic of Srpska. We are conducting a survey concerned with family health and education. I would like to talk to you about these subjects. The interview will take up to 20 minutes. All the information we obtain will remain strictly confidential. Again, all the information we obtain will remain strictly confidential.

May I start now?
- Yes, permission given ➔ Go to MWM10 to record the time and then begin the interview.
- No, permission not given ➔ Complete MWM7. Inform your supervisor of this result.